

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

November 2020

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sonia Lopez

STREET ADDRESS

CITY
South Gate

STATE
CA

ZIP CODE
90280

AREA CODE/DAYTIME PHONE NUMBER
310 919 9593

OPTIONAL: FAX / E-MAIL ADDRESS
lopezforcollegeboard@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Trustee

JURISDICTION (LOCATION)

Compton College - Board of Trustee

DISTRICT NUMBER
(IF APPLICABLE)

3

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

and that I have used

Executed on

7/28/2023

DATE